Arterial grafts for coronary artery bypass surgery: a textbook for cardiovascular clinicians and researchers

Ed: He GW
Springer-Verlag Hong Kong Ltd., 1702 Tower I, Enterprise Square, 9 Sheung Yuet Road, Kowloon Bay, Kowloon, Hong Kong
HK$600.00, pp 449, ISBN 981 4021 06 7

The long-term benefits of using the internal mammary artery compared with using the saphenous vein as a conduit in coronary artery bypass grafting was established over a decade ago and since then, the trend has been to use multiple arterial grafts in myocardial revascularisation. The major attraction of this book, edited by Prof He—a renowned scientist and surgeon in coronary artery bypass surgery—is to give a scholarly overview on the biological characteristics of these grafts and their pharmacological responses to various agents. The book has 37 chapters, which give a fairly comprehensive coverage of the commonly used arterial grafts such as internal mammary arteries, radial arteries, and gastroepiploic arteries, as well as the rarely used grafts such as splenic arteries and inferior mesenteric arteries.

The book begins with a detailed description of the morphology, physiology of arterial grafts, and their pharmacological responses to various vasodilators. The book then takes a detour and discusses myocardial protection before returning to the various arterial grafts. The book ends with a section on minimal-access and ‘off-pump’ or beating heart coronary artery bypass grafting.

There are 50 contributors to the book, all of whom are recognised for their seminal contributions in this field. There is, however, some unnecessary detail which is not directly relevant to the title of the book—for example, the chapters on myocardial protection give a general description on operative strategies, while omitting specific reference to arterial grafts. In addition, there is some repetition among the chapters—for example, beating heart surgery and minimal-access approaches are detailed in the chapter on the surgical techniques for internal thoracic artery grafting, but the same topics are covered in the last section of the book.

Overall, I enjoyed this book. I think the book will be of particular interest to cardiovascular researchers studying arterial grafts. It will also be a useful reference to those cardiac surgeons, both in training and in practice, who want to know more about the science behind the different arterial grafts used in myocardial revascularisation.

Prof APC Yim
Chief
Division of Cardiothoracic Surgery
Department of Surgery
Prince of Wales Hospital
Shatin
Hong Kong

Flaps: decision making in clinical practice

By: Elliott LF, French Jr JH, Grotting JC, et al
Springer-Verlag Hong Kong Ltd., 1702 Tower I, Enterprise Square, 9 Sheung Yuet Road, Kowloon Bay, Kowloon, Hong Kong
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*Flaps: Decision Making in Clinical Practice* is a well-written text that is designed to serve as a practical guide and reference source on how to solve reconstructive problems. Useful opinions have been collected in a didactic, problem-solving format from a distinguished group of practising plastic surgeons and general
surgeons who are members of the Oneiro Travel Club. The emphasis is on a pragmatic look at regional reconstruction, with a review of the available solutions and alternatives. Related surgical anatomy and surgical techniques are also included. The text is richly illustrated with black and white and colour figures and clinical photographs.

This 300-page textbook deals with head and neck reconstruction, breast reconstruction, chest reconstruction, upper-extremity reconstruction, abdominal reconstruction, penile reconstruction, and lower-extremity reconstruction. Each anatomical region is presented with sections titled ‘The problem’, ‘Treatment options’, ‘The solution’, ‘Techniques of reconstruction’, and ‘Round table discussion’. The ‘Round table discussion’ is presented in dialogue form and is a record of genuine discussion of the reconstructive problem at hand. Each discussion represents the distillation and amalgamation of unique experiences of seasoned clinicians.

_Flaps: Decision Making in Clinical Practice_ is highly recommended to general surgeons, surgical oncologists, and plastic and reconstructive surgeons. They will no doubt find this book an excellent reference source in the management of skin and soft-tissue wound defects.

Dr WWK King
Director
Plastic and Reconstructive Surgery Centre
Hong Kong Sanatorium and Hospital
2 Village Road
Happy Valley
Hong Kong

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**Social work intervention in health care**

*Ed: Chan CLW, Rhind N*

*Hong Kong University Press, 14/F, Hing Wai Centre, 7 Tin Wan Praya Road, Aberdeen, Hong Kong*  
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_Social Work Intervention In Health Care_ is a publication that contains contributions from some of the leading social work practitioners and academics in the health care field in Hong Kong. As a prompt response to the lack of indigenised literature on social work in the health care field, the book is written in the style of a user-friendly manual.

Section I deals with the cultural and knowledge issues in social work intervention in health settings in Hong Kong. Section II comprises two chapters on crisis intervention and one on stress management. Section III contains a detailed description on psychosocial intervention for patients with mental retardation, chronic illness, or epilepsy. Section IV has four chapters that outline various interventions: social skills training for those with schizophrenia, a reminiscence group for the elderly, and a therapeutic community treatment centre for women with drug addiction. The three chapters in section V discuss empowering intervention models such as self-help groups for patients with renal diseases or diabetes mellitus, and for children with Cooley’s anaemia. Section VI has four chapters that address meso- and macro- issues such as family care for patients with schizophrenia, discharge planning for patients who have had cardiovascular accident, policy making concerning rehabilitation, and health promotion such as oral hygiene.

As a whole, the contents of the book are comprehensive and cover a wide range of intervention models for patients with different types of illnesses, especially the chronic ones. The editors try to demonstrate a psychosocial perspective in understanding and dealing with psychosocial problems in the process of illness, treatment, and rehabilitation. Nevertheless, the cultural and knowledge issues that are introduced in the first two chapters are not properly followed up or elaborated in later chapters. While the authors in most chapters attempt to describe social work interventions with a local context, most of them fail to address the traditional Chinese cultural elements in health, illness, treatment, and rehabilitation. It would be more enriching if, for example, chapter one could include a refined discussion about the health concepts described by some classical texts of Chinese medicine such as _The Yellow Emperor Internal Classics_. Then, the authors of the later chapters could have added to this discussion by referring to the actual practice in Hong Kong.
Arterial grafts have been developed for coronary bypass due to superior long term results and the use of arterial grafts have been rapidly growing. Coronary artery bypass surgery (also called coronary artery bypass grafting or CABG) is a treatment for patients with coronary artery disease. Coronary artery disease (CAD) is narrowing or blockage of one or more of the coronary arteries that supply oxygen-rich blood to the heart. It is common for three or four coronary arteries to be bypassed during surgery. Coronary artery bypass surgery restores normal blood flow to the heart by creating a bypass around the blocked artery/arteries. This is done by using a healthy blood vessel, called a graft. Grafts usually come from your own ar... Coronary Artery Bypass Grafting (CABG) remains the most common cardiac surgical procedure performed worldwide. Pleural effusions are common following CABG and are typically small, left-sided and resolve spontaneously. However, in a small proportion of patients the effusion may be large and persistent, for reasons that are not well understood. Coronary artery bypass grafts are vascular grafts made to bridge the obstructions in the coronary blood vessels. Saphenous veins (from the leg) are placed, accessing the heart by full sternotomy. Off-pump coronary artery surgery has been suggested to be associated with lower morbidity and mortality in elderly patients. Surgery for valvular disease, however, has higher mortality in the elderly.